

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



November 19, 1999

COUNTY FISCAL LETTER (CFL) NO. 99/00-36

TO: COUNTY WELFARE DIRECTORS  
COUNTY FISCAL OFFICERS  
COUNTY AUDITOR CONTROLLERS  
COUNTY PROBATION OFFICERS

SUBJECT: REVISED ASSISTANCE CLAIM INSTRUCTIONS FOR THE CASH  
ASSISTANCE PROGRAM FOR IMMIGRANTS (CAPI)

REFERENCE: CFL No. 98/99-53, dated January 26, 1999, All-County Letter  
No. 99-56, dated August 30, 1999, and AB 2779, Chapter 329, Statutes of 1998

This letter provides revised claiming instructions for reporting CAPI assistance payments. All-County Letter No. 99-56, dated August 30, 1999, advised counties of recent changes in State law (Assembly Bill 1111 and Senate Bill 708, Chapters 147 and 148, respectively) that extended the program indefinitely and established a fourth category of recipients retroactive to October 1, 1999. Aid Code 6T has been assigned to the new category which includes the following population:

**Aid Code 6T:** Non-citizens who entered the United States on or after August 22, 1996, who do not meet the sponsor restrictions in the definition of Aid Code 6M and who meet either the federal definition of qualified alien or the previous Supplemental Security Income/State Supplementary Payment (SSI/SSP) Permanent Resident Under Color of Law (PRUCOL) requirements.

Until the new aid code is available in the Medi-Cal Eligibility Data System, counties/consortia are requested to maintain pertinent case/recipient information to allow retroactive identification of cases by aid code. Code 6T is in addition to the three aid codes that were established with implementation of CAPI on October 1, 1998. The existing codes are:

**Code 1A, CAPI Qualified Aliens:** Non-citizens lawfully residing in the United States prior to August 22, 1996, who meet the federal definition of qualified alien and who are age 65 or older.

**Code 6K, CAPI Non-Qualified Aliens:** Non-citizens who entered the United States prior to August 22, 1996, and meet the previous SSI/SSP PRUCOL requirements, but not the federal definition of qualified alien; and

**Code 6M, CAPI Sponsored Aliens:** Sponsored legal immigrants who entered the United States on or after August 22, 1996, and the sponsor is deceased or disabled, or the immigrant is a victim of abuse by either the sponsor or sponsor's spouse.

The CA 44, Summary Report of Assistance Expenditures for CAPI, has been revised to reflect the new category. A sample form with line and column instructions is attached. Camera ready copies are available upon request through the Forms Management Unit. Please contact:

California Department of Social Services  
Forms Management Unit  
744 P Street, M.S. 7-182  
Sacramento, California 95814  
Telephone Number: (916) 657-1907

Program implementation and data collection instructions will be provided in separate All-County Letters and/or All-County Information Notices after December 1, 1999.

If you have any questions regarding this letter, please contact your Fiscal Policy Analyst at (916) 657-3440.

**Original Signed on  
November 22, 1999 by George E. Peacher, Jr**

GEORGE E. PEACHER, JR., Chief  
Fiscal Systems and Accounting Branch

c: CWDA

# SUMMARY REPORT OF ASSISTANCE EXPENDITURES FOR THE CASH ASSISTANCE PROGRAM FOR IMMIGRANTS (STATE ONLY)

COUNTY	DATE (MONTH/YEAR)
COUNTY CONTACT PERSON	TELEPHONE

(A) Qualified Aliens (Before 8/22/96)	(B) Non-Qualified Aliens (Before 8/22/96)	(C) Sponsored Aliens (On or After 8/22/96)	(D) Qualified or PRUCOL Aliens (On or After 8/22/96)	SOURCE DOCUMENTS
				<b>PART I: PAYROLLS</b>
				1. Main Payroll
				2. Current Month Supplemental Payroll
				3. Current Month Cancellation
				4. Prior Month Supplemental Payroll
				5. <b>SUBTOTAL</b> (LINES 1, 2, 3, AND 4)
( )	( )	( )	( )	<b>PART II: ADJUSTMENTS</b>
( )	( )	( )	( )	6. Prior Month Cancellation
( )	( )	( )	( )	7. Recoveries of Aid-SSI
				8. Reimbursement of Aid paid from GA/GR
( )	( )	( )	( )	9. Recoveries of Aid - Other
				10. Schedule of Adjustments (show minus items in parenthesis)
				11. Subtotal (Lines 6, 7, 8, 9 and 10)
				12. <b>TOTAL</b> (Line 5 + Line 11)
GRAND TOTALS (LINE 12, COLUMNS A + B + C + D)				\$
(FOR STATE USE)				

I HEREBY CERTIFY, under penalty of perjury, that I am the official responsible for the administration of the Cash Assistance Program for Immigrants in and for aforesaid county/county consortium; that I have not violated any of the provisions of Section 1090 to 1096, inclusive, of the Government Code; that the aid payments, aid repayments and adjustments have been made in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the California Department of Social Services.

I HEREBY CERTIFY, under penalty of perjury, that I am the officer in aforesaid county/county consortium responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts claimed herein are in accordance with authorizations for the Cash Assistance Program for Immigrants made by the county/county consortium; that said amounts correctly reflect the State share in aid payments claimed and that warrants therefore have been issued, according to law and the rules and regulations of the California Department of Social Services.

SIGNATURE OF COUNTY WELFARE DIRECTOR

SIGNATURE OF COUNTY AUDITOR OR CONTROLLER

## **INSTRUCTIONS FOR USE OF FORM CA 44**

### **GENERAL INFORMATION**

1. Enter county name, and month and year of claim, in the spaces provided.
2. Enter name and telephone number of county/consortium staff person to be contacted if there are any questions regarding the claim.

### **CURRENT MONTH**

3. Lines 1 through 4: Complete Columns A, B, C, and D in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll.)
4. Line 5: Enter subtotals of Columns A, B, C, and D for Lines 1 through 4.

### **PRIOR MONTH**

5. Lines 6: Complete Columns A, B, C, and D in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll.)

### **RECOVERIES OF AID**

6. Line 7: Enter amounts recovered from SSI for aid paid in this month or in a prior month. Amount to be refunded to the state.
7. Line 8: Enter amounts paid from GA/GR for interim assistance in this month or in a prior month.
8. Line 9: Enter amounts recovered from current or former CAPI recipients in this month or in a prior month.
9. Line 10: Complete Columns A, B, C, and D in accordance with the amounts shown on the integrated payroll summary. (For nonintegrated payrolls, enter grand totals shown for each payroll.)
10. Line 11: Enter subtotals of Columns A, B, C, and D for Lines 6 through 10.
11. Line 12: Enter Total of Line 5 + Line 11.